

The Application

Please consider each question carefully as the quality of your responses determines eligibility for the 3-Month program

Name: _____

D.O.B: _____ Age: _____ Gender: _____ Marital Status: _____ # of Children: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Emergency Contact: _____

Do you have an existing business? If so, what is it? What is your title? _____

How much revenue does your current business generate? _____

How big is your email list? _____

Why are you interested in working with me? _____

What is something that makes you unique and is unique about your work? _____

What hesitations do you have about working with me or on this project? _____

Are you currently facing any health challenges? _____

Are you currently under the care of a doctor or therapist? If so, please share: _____

Are you currently taking any prescription medication? If so, please share: _____

Are you currently challenged by any addiction? If so, please share: _____

Do you use any drugs? If so, please share: _____

Do you drink alcohol? If so, please share: _____

Have you taken any other personal or professional development courses? If so, please share: _____

What has been the greatest obstacle to resolving this issue thus far? _____

What is the first thing you do when waking in the morning? _____

What are you afraid of most and why? _____

What are your professional goals for the next 12 months? _____

What are your personal goals for the next 12 months? _____

What are the top 3 things stopping you from achieving your goals? _____

On a scale of 1 to 10, how motivated are you to change? _____

Why do you want to change now? _____

What would your life look like in 10 years if you changed or resolved this now? _____

What would your life look like in 10 years if you do not change or resolve this now? _____

If you could not fail, what would you do? _____

